

**Application Data Sheet**

**Application Information**

Application Type::	Regular
Subject Matter::	Utility
Title::	METHOD AND APPARATUS FOR MULTI- REALM SYSTEM MODELING
Attorney Docket Number::	286532-130
Request for Early Publication?::	No
Request for Non Publication?::	No
Suggested Drawing Figure::	12
Total Drawing Sheets:	41
Small Entity?::	Yes

**Applicant Information**

**Inventor 1**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Shaula
Middle Name::	Alexander
Family Name::	Yemini
City of Residence::	Briarcliff Manor
State or Province of Residence::	NY
Country of Residence::	US
Street of mailing address::	29 Central Drive West
City of mailing address::	Briarcliff Manor
State or Province of mailing address::	NY
Country of mailing address::	US
Postal or Zip Code of mailing address::	10510

**Inventor 2**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Salvatore  
Family Name:: DeSimone  
City of Residence:: Woodbury  
State or Province of Residence:: CT  
Country of Residence:: US  
Street of mailing address:: 45 Sherman Heights  
City of mailing address:: Woodbury  
State or Province of mailing address:: CT  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 06798

**Inventor 3**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Brazil  
Status:: Full Capacity  
Given Name:: Patricia  
Middle Name:: Gomes Soares  
Family Name:: Florissi  
City of Residence:: Briarcliff Manor  
State or Province of Residence:: NY  
Country of Residence:: US  
Street of mailing address:: 11 Winterberry Lane  
City of mailing address:: Briarcliff Manor  
State or Province of mailing address:: NY  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 10510

**Inventor 4**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Shmuel  
Family Name:: Kliger  
City of Residence:: Ossining  
State or Province of Residence:: NY  
Country of Residence:: US  
Street of mailing address:: 60 Morningside Drive  
City of mailing address:: Ossining  
State or Province of mailing address:: NY  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 10562

**Inventor 5**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Israel  
Status:: Full Capacity  
Given Name:: Eyal  
Family Name:: Yardeni  
City of Residence:: Ardsley  
State or Province of Residence:: NY  
Country of Residence:: US  
Street of mailing address:: 38 Eastern Drive  
City of mailing address:: Ardsley  
State or Province of mailing address:: NY  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 10502

**Correspondence Information**

Correspondence Customer Number:: 23483  
Telephone Number:: 617-526-6505  
Fax Number:: 617-526-5000  
E-Mail Address:: rajesh.vallabh@haledorr.com

**Representative Information**

Representative Customer Number:: 23483

**Domestic Priority Information**

<b>Application::</b>	<b>Continuity Type::</b>	<b>Parent Application::</b>	<b>Parent Filing Date::</b>
This application	Application claiming benefit under 35 USC 119(e)	Serial No. 60/459,007	March 31, 2003

**Assignment Information**

Assignee name:: System Management Arts, Inc.  
Street of mailing address:: 44 South Broadway  
City of mailing address:: White Plains  
State or Province of mailing address:: NY  
Postal or Zip Code of mailing address:: 10601